DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/18/2011 FORM APPROVED OMB NO. 0938-0391

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	B. WING			R 11/03/2011			
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN			1	ET ADDRESS, CITY, STATE, ZIP CODE 80 W 47TH ST			
SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOUL	CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE		
INITIAL COMMENTS		{W ()00}				
to the annual fundame	ental recertification and						
Date of Survey: November 03, 2011							
AIM Number: 100235	5270						
Surveyor: Dotty Walton, Medical Surveyor III							
Community Alternatives SW IN was found to be in compliance with 42 CFR, part 483, subpart I and 460 IAC 9 in regard to the post certification revisit to the recertification and state licensure survey.							
Quality review 11/17/	11 by Suzanne Williams, RN						
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	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS This visit was for a pot to the annual fundame state licensure survey Date of Survey: Nove Facility Number: 0019 AIM Number: 100238 Provider Number: 15 Surveyor: Dotty Walter Community Alternative in compliance with 42 and 460 IAC 9 in regarevisit to the recertificative. Quality review 11/17/20	IDENTIFICATION NUMBER: 15G492 DIVIDER OR SUPPLIER TY ALTERNATIVES SW IN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 8/18/11. Date of Survey: November 03, 2011 Facility Number: 001006 AIM Number: 100235270 Provider Number: 15G492 Surveyor: Dotty Walton, Medical Surveyor III Community Alternatives SW IN was found to be in compliance with 42 CFR, part 483, subpart I and 460 IAC 9 in regard to the post certification revisit to the recertification and state licensure	IDENTIFICATION NUMBER: A BUIL A BUIL A BUIL A BUIL B WIN A SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 8/18/11. Date of Survey: November 03, 2011 Facility Number: 001006 AlM Number: 100235270 Provider Number: 15G492 Surveyor: Dotty Walton, Medical Surveyor III Community Alternatives SW IN was found to be in compliance with 42 CFR, part 483, subpart I and 460 IAC 9 in regard to the post certification revisit to the recertification and state licensure survey. Quality review 11/17/11 by Suzanne Williams, RN	IDENTIFICATION NUMBER: A BUILDING B. WING STE TY ALTERNATIVES SW IN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 8/18/11. Date of Survey: November 03, 2011 Facility Number: 001006 AIM Number: 100235270 Provider Number: 15G492 Surveyor: Dotty Walton, Medical Surveyor III Community Alternatives SW IN was found to be in compliance with 42 CFR, part 483, subpart I and 460 IAC 9 in regard to the post certification revisit to the recertification and state licensure survey. Quality review 11/17/11 by Suzanne Williams, RN	IDENTIFICATION NUMBER: 15G492 STREET ADDRESS, CITY, STATE, ZIP CODE 1480 W 37TH ST JASPER, IN 47546 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY TULL REGULATORY OF LSC IDENTIFYING INFOMATION) INITIAL COMMENTS This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey completed on 8/18/11. Date of Survey: November 03, 2011 Facility Number: 001006 AIM Number: 00235270 Provider Number: 15C492 Surveyor: Dotty Walton, Medical Surveyor III Community Alternatives SW IN was found to be in compliance with 42 CFR, part 483, subpart I and 480 IAC 9 in regard to the post certification revisit to the recertification and state licensure survey. Quality review 11/17/11 by Suzanne Williams, RN	INITIAL COMMENTS This visit was for a post certification revisit (PCR) to the annual fundamental recertification and state licensure survey or Dato the post certification revisit to the recertification and state licensure survey completed to the post certification revisit to the recertification and state licensure survey. Quality review 11/17/11 by Suzanne Williams, RN	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 001006